				SRF Di	sburs	ement	Reque	st Form	n						
Participant	Informatio	n													
Name:	Name: City of West Lafayette								S	SRF Loan Number:			WW141079 07		
DUNS Numbe	r: 04	455 2636		CCR Nu	ımber:	6NKJ2			R	equest			10		
Mailing	71:	1 West Navajo Stre	eet			***************************************						l			
City: West Lafayette				State: IN ZIP					479	06					
Contact Perso	C Rhodes, C	C Rhodes, Clerk-Treasurer C				Number:	r: 765-775-5150								
Authorized Re	epresentativ	ve: Mayor	John R Den	nis or Cl-Tı	r J. Rhode:	s Autl	norized Rep	resentative I	Phone Nu	mber:	765	5-775-5	100		
If requesting	reimbursem	ent to the Particip	pant by wire	e transfer p	olease pro	vide the fol	lowing info	rmation:		•					
Bank Name: Bank Routing Number:															
Account Name: Account Number:															
Loan Inform	ation														
Description of work for which claim is being made (services, fees, type of work, etc.): Sheraton and Fairway Knolls Lift Station Improvements															
Is any part of this claim funded by an alternate funding source?											YES	⊠ no			
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds):										\$					
Is any part of this claim funded by the Indiana Brownfields Program?										YES	⊠ NO				
Has the Participant paid the request and is now seeking reimbursement?										YES	⊠ NO				
is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.										YES	⊠ NO				
Are there Green Project Reserve components involved in this request?										YES	⊠ NO				
If yes, please	describe:														
Loan Financi	ial Inform	ation											r-		-III. ALCO - III.
Original Loan Amount: \$									2,610,000.00						
Total Amount of Previous Disbursements:				•						\$	230,753.00				
Balance Available After this Disbursement:								2,378,887.00							
Amount to 0	Contractor	for this Reques	t:									\$	360.00		
Is any part of	this reques	t a partial or final i	release of r	etainage to	the cont	ractor?	wton*****							YES	⊠ NO
Contractor Na	ime:	Wessler Enginee	ering			DU	NS Number	.: 08 15	53 1352						
Mailing addre	ss:	6219 S East Stre	et												
City: Indi	anapolis			State:	IN			****	ZI	P Code:	4	6227			
Wiring Inform	ation:					y.									
Bank Name:	Bank Name: Bank Routing Number:														
Account Name: Account Number:															
Retainage Amount for this Request:															
Participant requests that the retainage amount be held by SRF:															
Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above:															
Participant requests that the retainage amount be sent to the following bank:															
Bank Name: Bank Routing Number:															
Account Name: Account Number:															
Total Amour												\$	1	60.00	
of the project ag	reement, th	tifies this request for the certified parements of 29 CFR 5	yrolls receiv	ment is, to red in conn	the best o ection wit	of my knowle h any enclos	edge and be ed construc	lief, true and tion invoices	l accurate s are in co	and made mpliance v	in ac with t	cordan he Dav	ce wit is Bac	h the co	onditions US
Authorized Representativ	e									Date	::	MAR	3	201	5
For Internal U	Ise Only														***
Approved By:							Date:			GPR		\$			
·							L								



WWTU MAR 1 9 2015

More than a Project™

INVOICE

To:

CITY OF WEST LAFAYETTE

MR. DAVID S. HENDERSON, UTILITY DIRECTOR

500 SOUTH RIVER ROAD

WEST LAFAYETTE, INDIANA 47906

Project:

174515.00

WEST LAFAYETTE - SHERATON & FAIRWAY KNOLLS LIFT STATION

Manager:

GARY L. RUSTON

Professional Services for the Period: 2/9/15 to 2/28/15.

PHASE:

.68 RESIDENT PROJECT REPRESENTATIVE

Total Labor

TASK:

.01 SHERATON & FAIRWAY KNOLLS LIFT STATION - RPR

Professional Services

Reimbursables

Bill Hours B

Bill Rate

Invoice Number: 27473

March 16, 2015

Charge

Senior Resident Project Representative

4.00 4.00 \$ 90.00

360.00 360.00

Total Reimbursables

0.00

\$

\$

Total Project Invoice Amount

360.00

Wessler Engineering, Inc.
GARY L. RUSTON

Project Manager

 Aged Receivables:

 CURRENT
 30-60
 60-90
 90-120
 OVER 120

 \$360.00
 \$0.00
 \$0.00
 \$0.00

Project 1	174515.00	W. LAF - SHE	RATON & FAIR	WAY KNOLLS I	S Invoice	27473	
Billing B	ackup				Monday, Mare	ch 16, 2015	
WESSLER ENGINEERING, INC. Invoice 27473 Dated 3/16/2015						1:07:03 PM	
Project	174515.00	W. LAFA	YETTE - SHER	ATON & FAIRW	'AY KNOLLS LIFT	STATION	
Phase	00068	CONSTRUCTIO	N OBSERVATI	ON		NO MARKET ANNIANI ROCCON MARKET	
Task	000001	SHERATON & F.	AIRWAY KNOL	LS LS RPR	describile describile alexandra lacinoloxia discribile	nombre sement konduld kondung	
Professional S	Services						
			Bill Hours	Bill Rate	Charge		
	roject Representa						
	sident Project Rep	· ·					
	GUIRE, SAMUEL	. 2/27/2015	4.00	90.00	360.00		
Pre	e-con meeting.						
	Totals		4.00	360.00			
Total Labor		•				360.00	
				Total this	Task	\$360.00	
				Total this I	Phase	\$360.00	
				Total this Project			
				Total this R	eport	\$360.00	